MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

County. County. County. County. City. C	NDARD CERTIFICATE OF DEATH PLACE OF DEATH PLACE OF DEATH BUREAU OF VIT.	Board of Health State File 10 5
City. (If death occurred in a healthal or institution, give in EL SAME hategol of street and number) Length of residence in city or town where death occurred for any model. How long in the when death occurred for year. 2. FULL NAME (a) Residence: No. (Usual place of abode) (Isual place of abode) (Wirld Wirld on the death occurred for year. (a) Residence: No. (Usual place of abode) (Usual place of abode) (Wirld Wirld on the death occurred for year. (A) Residence: No. (Usual place of abode) (Wirld of World on the death occurred for year. (Wirld Wirld on the death occurred for year. (Wirld Wirld of World on, as a spinner, sawyer, bookkeeper, etc. (State or Country) 10. Did of converted for town) (State or Country) 11. Total time (years) sawyer, bookkeeper, etc. (State or Country) 12. BIRTHPLACE (city or town) (State or Country) 13. NAME 14. BIRTHPLACE (city or town) (State or Country) 15. MAIDEN NAME 16. MAIDEN NAME 17. INFORMANT (State or Country) 18. BIRTHPLACE (city or town) (State or Country) 19. Industry or bounded at state of death occurred for years) sawyer, bookkeeper, etc. (State or Country) 19. Industry or business in which work was done, as spinner, sawyer, bookkeeper, etc. (State or Country) 10. BIRTHPLACE (city or town) (State or Country) 11. Total time (years) spinner, sawyer, bookkeeper, etc. (State or Country) (State or Country) 12. BIRTHPLACE (city or town) (State or Country) (State or Country) (State or Country) (State or Country) (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public folium; (State or Country) (Specify whether injury occurred in industry, in home, or in public folium; (Specify whether injury occurred in injury. (Specify whether injury occurred in injury.	Stocker L	T
Length of residence in city or town where death occurred in a healthal or prefitution, give is NAME made of the country in the property of the country in th	(Juniorly)	St. Ward
(a) Residence: No	(If death occurred in a hostital o	ds. How this in U. S. It of foreign birth?yrsmosds
PERSONAL (ND STATISTICAL YARTICULARS 3. SEX 4-COLOR OR RACE 5. SINGLE: MARKIED! WID-OWED, or DIVORCED, (Write to moord) 12. DATE OF DEATH (month, day, and year) 12. DATE OF BIRTH (month, day, and year) 12. DATE OF BIRTH (month, day, and year) 13. 14. LESS than or or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10. Days 11. LESS than or min. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIETHPLACE (city or town) 16. BIETHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL SERIATION, OR BAMOVAL Date 19. Nature of injury. Nature of injury	Zung V. Junkan	
3. SEX 4 COLOR OR RACE 6. SINGLE. MARKIED, WIDOWID, or DIVORCED, (Write the world, or Days If LESS than I day, mark or min. 8. Trade, profession, or particular kind of work done, as spinner, sawer, bookkeeper, etc. 9. Industry or business in which work was done, as spinner, sawer, bookkeeper, etc. 10. Date deceased at this occupation (month and year)	(Usual place of abode)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF EIRTH (month, day, and year) May 7. AGE Years Months Days If LESS than 1 day, hra or, min. 1 to have occurred on the dath stated above, at 3	SEY 14 COLOR OR RACE 5. SINGLE, MARKIEU, WID-	7/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Name Note of Birth (month, day, and year) Note of Birth (month, day, and year) Note of Single of Si	WED, or DIVORCED, (Write	
7. AGE Years Months Days If LESS than 1 day	HUSBAND of	I last saw h alive on 1971 death is said
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc		· · · · · · · · · · · · · · · · · · ·
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town). (State or Country) 13. NAME 14. BIRTHPLACE (city or town). (State or Country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or Country) 17. INFORMANT (Address) 18. BURIAL REMATION, OR BEMOVAL Place Date Manner of injury.	70 1 day,hra	importance were as follows:
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place Date 19. Procedure of injury Occupation Name of operation What test confirmed diagnosis? Was there an autoposy? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public Manner of injury Manner of injury Nature of injury Nature of injury	8. Trade, profession, or particular kind of work done, as spinner,	Wodkensie disease
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place Date Occupation Name of operation. What test confirmed diagnosis? Was there an autoposy? What test confirmed diagnosis? Date of injury. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public injury. Manner of injury. Manner of injury. Nature of injury. Nature of injury.	 Industry or business in which work was done, as silk mill. 	
(State or Country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place Date Date 19. Name of operation What test confirmed diagnosis? Was there an autoposy? (Specify city or town, country and State) Specify whether injury occurr? (Specify city or town, country and State) Manner of injury Name of operation What test confirmed diagnosis? Was there an autoposy? (Specify city or town, country and State) Specify whether injury occurred in industry, in home, or in public injury Manner of injury Nature of injury Nature of injury	this occupation (month and spent in this year)	Other contributory causes of importance:
23. If death was due to external causes (violence) fill in also the lowing: 16. BIRTHPLACE (city or town). 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place. Date 19. Nature of injury. Date 19. Nature of injury. Nature of injury. 23. If death was due to external causes (violence) fill in also the lowing: Accident, suicide, or homicide?		
23. If death was due to external causes (violence) fill in also the lowing: 16. BIRTHPLACE (city or town). 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place. Date 19. Nature of injury. Date 19. Nature of injury. Nature of injury. 23. If death was due to external causes (violence) fill in also the lowing: Accident, suicide, or homicide?	13. NAME Silas F. Juntons	
23. If death was due to external causes (violence) fill in also the lowing: 16. BIRTHPLACE (city or town). 17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place. Date 19. Nature of injury. Date 19. Nature of injury.	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?Was there an autoposy?
17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place. Date Date Date Date Date Nature of injury	Mary K Mard	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL REMATION, OR DEMOVAL Place. Date D	16. BIRTHPLACE (city or town)	(Specify city or town, county and State)
Place O entral Date	(Address) Milane, auch	
		A
19. EMBALMER License No. 24. Was disease or injury in any way related to occupation of deci-	EMBALMER \ License No.	24. Was disease or injury in any way related to occupation of deceased
FUNERAL DIRECTOR If so, specify If So,	FUNERAL DIRECTOR	If so, specify.
20. Filed 19 19 Registrar (Address) (Address)	Filed let 9,1939 All Malla	

10